

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name		Date Stamp	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">California Form 802</div> For Official Use Only
City of San Diego			
Division, Department, or Region <i>(If Applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i>			
Liezl Mangonon, Legislative Ticket Coordinator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(Month, Day, Year)</i></small>	
619-236-6644	tickets@sandiego.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **55.00**

Event Description Baseball Game Date(s) 04 / 12 / 12 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Diego Padres _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alvarez, David _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(Include address and description)</i></small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Sherman Heights Youth Soccer League	26	Council Policy 700-22; 2-7

4. _____
Sections 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ _____ _____
Print Name *Title* *(Month, Day, Year)*

Comment: _____